

NOTICE OF INTENTION TO TRANSFER THE MARKETING AUTHORISATION and/or TRANSFER OF COMMERCIAL RESPONSIBILITIES FOR A MEDICINAL PRODUCT



This form has been prepared to enable manufacturers, importers or their agents to notify the HSE Corporate Pharmaceutical Unit of their intention to transfer a marketing authorisation and/or commercial responsibilities to another manufacturer/supplier and to fulfil their obligations under the current Agreements between the HSE and the IPHA / MFI.

At least **3 months' notice** is required to be provided by the original Marketing Authorisation holder, where a transfer of marketing authorisation/commercial responsibilities is likely to materially change the arrangements for the supply of a medicine.

Separate Divestment / Transfer of Commercial Responsibilities Letters from both companies are to be enclosed with this form.

Transfer of Marketing Authorisation Holder:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Transfer of Commercial Responsibilities:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In the case of transfer of the Marketing Authorisation or transfer of commercial responsibilities, relevant rebate will be collected from the supplier according to the notified date of transfer. This is a condition of reimbursement.				

1.	Name of medicinal product to be transferred: <i>(Give full name, strength and pack size)</i>	
2.	Marketing Authorisation Number:	
3.	GMS /High-Tech Code:	
4.	ATC Code:	
5.	Date notified CPU of proposed transfer:	
6.	Actual date of transfer:	
7.	Name and address of company that currently hold the MAH / Commercial Responsibilities:	
8.	Company Name to which the product is being transferred:	
9.	Company Address:	
10.	Contact Name:	
11.	Contact Email Address:	
12.	Telephone Number:	

A copy of the most recent Summary of Product Characteristics for the product must be supplied

14. Any further relevant information:

Please ensure form is signed

Signature: _____

Print Name: _____

Date: _____

The completed form should be returned to:
Corporate Pharmaceutical Unit
HSE Primary Care Reimbursement Service
Exit 5 M50
North Road
Dublin 11 D11 XKF3
Tel No: 353-1-8915725
E-mail: CPU@hse.ie

CPU Office Use Only - Date Stamp

Copies of this form are available on www.hse.ie/eng/about/Who/cpu